

*Medical Justice
For Access, Vm*

THE

CAMPAIGN FOR MEDICAL JUSTICE

A STUDY DOCUMENT PENDING POTENTIAL
IMPLEMENTATION IN 1993

BY

C.A.A.

ALLAN MANSFIELD

15 ST MARGARETS PLACE

GLASGOW

SCOTLAND

PREAMBLE;

The problem of the poor obtaining "fair and rapid" diagnosis from many members of the medical profession is a historical one; and, as this British recession bites deeper with the Social Security bill now running at a staggering 80 billion a year, these insidious practices are bound to escalate.

However, despite that Britain lags behind the rest of Europe in social security and healthcare, there is no acceptable "medical excuse" for either late or outright denial of diagnosis. For in law to "deny diagnosis" is to "deny treatment," and that remains a serious offence.

At present in Scotland, which has suffered the blight of the asbestos pandemic, many thousands of victims are denied diagnosis, even in their death bed, and where massive classical evidence is obvious.

Yet, this denial of diagnosis and third world healthcare in Britain is endemic, but still it has to be addressed on the principle that you have to "treat the people to care for the nation," and to ensure that our children's future is secure in health and quality of life.

If not, we go back to the dark days where only the rich could secure healthcare and the greater masses suffered in appalling poverty.

PROPOSALS;

The group have already instigated the proposition and obviously the next step is to call a further meeting to arrive at a forward format.

That said, a constitution would have to be drawn up and members appointed to their particular tasks; and, further, a long term policy would have to be agreed upon to ensure that such a format is operated upon.

The policy may be difficult to formulate, but obviously it should include for all aspects of suspect medical practice and so therefore we should have such healthcare professionals within the group.

Equally, in order to ensure defences, a legal panel should be appointed and one in which we have confidence; and, of further interest, would be a donation scheme which applies to all such "medical justice groups," for indeed there could be a heavy cost factor with this operation and the fact is that others have failed.

Moreover, there would have to be an input from research and hazards on the basis that (1) doctors could not argue ignorance (2) most diseases are caused in the working or open environment and (3) claims for compensation must be fully supported by independent medical evidence.

Conclusion;

This proposal by the group is an important one and one which should be acted upon in 1993 for the subject has to be dealt with for many reasons, and more so that basically the entrenched "family doctor system" has a lot to answer for and responsible not only for lack of diagnosis, but lack of treatment and lack of due state benefits, which may be construed as a breach of fundamental human rights.

The Charter, of course, makes several issues in line with these recent proposals; and, obviously, any medical justice scheme or group would have to fight on the political front, and especially in Europe.

One suggestion at present is to prepare to serve a writ on the European Justice Department calling to appoint an investigator, provisional or otherwise, and the press should be fully briefed on this move.

Finally, if we could mount such an operation, then justice for the victims would be secured more easily and more humanely and everybody would have a better quality of life. The proposal by the group, therefore, merits high respect, but further meetings are required prior to any implementation.

END